

CITY OF LANSING - DEVELOPMENT OFFICE

Application form for Housing Rehabilitation

Form must be filled out completely

Please note: Your house payments, homeowner's insurance and property taxes must be current, and have been current for at least one year prior to application.

Date: _____

Rehabilitation Needs: _____

Title: ☐ Mr. ☐ Mrs. ☐ Ms.

Marital Status: _____

First Name: _____ MI: _____ Last Name: _____

Address: _____ Zip Code: _____

Phone #1: _____ ☐ Home ☐ Work ☐ Cell ☐ Other: _____

Phone #2: _____ ☐ Home ☐ Work ☐ Cell ☐ Other: _____

Phone #3: _____ ☐ Home ☐ Work ☐ Cell ☐ Other: _____

Email Address: _____

Do you own and occupy your home as your ONLY residence? ☐ Yes ☐ No

☐ I have a mortgage on my home ☐ My home is paid off

Month/year you purchased your home: _____

Have you taken out any home improvement loans? ☐ Yes ☐ No If yes, when? _____

Have the following payments been made on time for the past 12 months?

Mortgage: ☐ Yes ☐ No Is the Mortgage in your name: YES NO

Property taxes: ☐ Yes ☐ No

H/O Insurance: ☐ Yes ☐ No

Have you ever filed for: Bankruptcy: ☐ Yes ☐ No

When?

Foreclosure: ☐ Yes ☐ No

When?

If yes, did you sign a reaffirmation? _____

Please list names of ALL adults (18 & over) living in the household, and relationship to the owner:

Please list names of ALL children living in the household, and their relationship to the owner:

Income information (gross amounts, **before** any taxes or deductions):

Examples of types of income: employment, Social Security, Pension, etc.

Name of person receiving income:	Type of income:	Place of Employment	Monthly amount:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Is there an agreement for child support for any of the children in the household? Yes No

If yes, please complete the following information:

Name of child:	FOC County:	Monthly amount:
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please return form to:

City of Lansing DEVELOPMENT OFFICE
316 N. Capitol Ave., Suite D-2
Lansing, MI 48933
(517) 483-4040
Fax: (517) 483-6036